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ABSTRACT

A trait measure of empathy, a skill measure of empathy and an attitude scale on psychological effectiveness were administered to both counselor trainees and "natural helpers", i.e. persons in helping relationships who have not been formally trained as mental health professionals or paraprofessionals. The results indicated that the measures of empathy were statistically independent of each other and the attitude scale. Of all supervisor rating--helper empathy correlations for counselors and natural helpers, only counselors' empathy skill significantly correlated with supervisors' ratings. Also, the "natural helpers" who were not trained or oriented to the concept of empathy needed to be provided with "test taking skills" before completing the skill measure of empathy. For both the trait measure of empathy and the attitude scale on psychological effectiveness, a developmental trend was indicated with freshmen students scoring lowest, upperclass "helpers" scoring higher than upperclass "nonhelpers" and counselor trainees scoring highest. (Author)

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Development of Empathy in Helpers¹

by

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The purposes of this study were (1) to determine the empirical relationship of Hogan's (1969) measure of empathy as a trait characteristic with the widely used Carkhuff (1969) Index of Discrimination of empathic responding and (2) to add to our understanding of the nature and development of empathy in both professionally trained "helpers" and "natural helpers", i.e. those who are working in helping relationships but have not been formally trained as mental health professionals or paraprofessionals.

Previous studies (e.g. Kurtz & Grummon, 1972) have investigated the interrelationships only of the more counseling related measures of empathy such as the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) and the Carkhuff Index of Discrimination measure of empathy (1969). Hogan's (1975) recent article makes imperative an examination of the relationship of his measure not only to other empathy measures but also to a variety of "outcome" measures of helping relationships. Hogan has suggested that his is perhaps a "trait" measure of empathy, while the Carkhuff Index of Discrimination is a "state" measure of empathy; that clients may feel helped when either high trait empathy or state empathy is offered.

The inclusion of two distinct populations of "helpers" in this study, along with samples of "non-helpers", provided for not only a description of

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the relationships of the empathy measures to each other and to supervisor ratings, but also for an initial exploration of (1) how both professional and volunteer helping experiences affect these two types of empathy and (2) the development of these two types of empathy in college populations ranging from freshmen thru advanced graduate levels.

Skovholt (1974) has cited numerous studies which have described the positive personality and mental health gains of students and others participating as "helpers." However, only a few empirical studies (Carkhuff, Note 1) Pope, Note 2) have been completed on the empathy skills persons bring to such programs and how they change as a function of "helping" experiences. In this study, both "helper" groups, as well as the "non-helper control" groups, responded to two empathy measures both at the beginning and end of a semester of helping experiences.

The present study was viewed as an exploratory, correlational investigation. Especially in view of the lack of previous use of the Hogan empathy scale with the helper populations sampled in this study; no hypotheses were specified.

On the basis of previous research (e.g. Holzberg, Knapp & Turner, 1967) Kish & Hood, 1975) indicating volunteer helpers showed improvement in attitudes towards various mental health concepts as a function of the helping experience, the undergraduate helpers and their matched controls in this study were also administered the Poe (1973) Psychological Effectiveness Scale. The inclusion of this scale not only permitted further tests of these previous studies' results but also provided intercorrelational data for an exploratory examination of the convergent and discriminant validity of the two empathy measures used in this study.

Method

Subjects. The professionally trained helpers included eight female and five male graduate students enrolled in a practicum for second and third year graduate students at the University Counseling Center. The "natural helper" population sample included six male and six female sophomore thru senior level students who were beginning their first volunteer experience as "clinicians" for a Children's Physical Developmental Clinic. (While as many as 50 to 70 students participate in this program each year, the majority of the "clinicians" repeat this experience several years, often even after leaving the university.) These volunteer "clinicians" work with emotionally and physically dysfunctional children on a one-to-one basis in a physical activity center (see Fretz, 1974, for description of the clinic participants and volunteers.)

Twelve "control" Ss were matched for sex, age, and class with the clinicians but not involved in any volunteer helping program. Samples of 37 female and 9 male "non-helping" freshman were also administered the two empathy measures and Psychological Effectiveness Scale.

Measures. The two measures of empathy were (1) the Carkhuff Index of Discrimination, the reliability and validity of which is described in Volume 1 of Helping and Human Relations (1969) and (2) the John Hopkins Attitude Inventory which is the 65 item empirically-keyed empathy scale developed by Hogan (1969). The items for the latter measure were derived from the MMPI and the CPI as those which empirically discriminate persons judged to be empathic. Hogan (1975) has reviewed the measure's use with psychiatric in-patients and in a variety of personality studies.

The Poe Psychological Effectiveness Scale (PES) was developed by Poe (1973) in order to gain a better understanding of those attitudes and those

habits that facilitate a person's functioning at a high level of success and satisfaction. His measure was developed primarily with college students and consists of 50 items each rated on a nine-point scale. Coefficient alpha estimates of reliability were in the .90 range. Means and standard deviations for psychiatric patients, general medical patients and college students show the expected relationship of increasing scores for each of those populations respectively. Poe describes the scale's content as reflecting psychological authorities' ideas of effective personalities.

Supervisors of the practicum Ss and the undergraduate "clinicians" were asked to complete three seven point scales for each S (see Table 1 for description of the three scales for each population.)

Procedure. The graduate students were administered both empathy scales at the beginning of the practicum and again at the end of the semester. The undergraduate volunteer "clinicians" were administered the two empathy measures and the PES immediately prior to their first meeting with the children in the clinic and ten weeks later after completing their first eight-week program with the children. The matched control subjects and the freshman samples were administered the measures twice with the same time interval. None of the subjects, graduate or undergraduate, received systematic training in empathy skills; however, all of the graduate Ss were familiar with Carkhuff's various writings. None had previously completed the full Index of Discrimination. Supervisor ratings were collected at the end of the semester.

Results

Before considering the results regarding the two areas of primary interest, i.e. interrelationships of the empathy scales and the nature and development of empathy in both "professionally trained" and "natural" helpers, it is critical to note that significant problems occurred with the use of the

Carkhuff Index of Discrimination (CID). Since none of the undergraduates had prior exposure to any writings or training in empathy and were provided in this study only with the brief directions for the CID given in Carkhuff (1969), many of the subjects raised numerous questions and showed great confusion as to just what their task was and felt quite puzzled about how to make the requested ratings. Consequently, before proceeding with other analyses, correlations were computed between the beginning and end of semester administrations of the two empathy measures and the PES.

It is possible to consider the clinician-matched upperclass control Ss and the freshmen Ss as appropriate samples for test-retest estimates of reliability since none of these Ss were involved in any experience thought to affect their empathic characteristics or skills. For the Hogan empathy scale (HES), the upperclass Ss' correlation between the beginning and end of semester administrations was .80, for the CID, -.30. For the freshmen sample, the respective correlations were .78 for the HES and .47 for the CID. For the PES the upperclassmen test-retest correlation was .97, for freshmen .79. Obviously, these subjects were completing the CID with extreme intra-individual variability reflecting either measurement instability or diverse experiences significantly and variably effecting Ss' empathy skills. Based on observations during test administration we believe the former circumstance is the appropriate explanation. Consequently, all subsequent results involving data from the CID should be considered most cautiously.

Most importantly, as will be further discussed below, researchers should be advised that subjects completely naive about empathy need some preliminary training before they are asked to complete the CID. This suggestion is supported by citing that the graduate counseling practicum Ss, who had some previous exposure to Carkhuff's writing did show a first-second administration correlation of .80 on the Carkhuff scale whereas the volunteer "clinicians,"

with no previous exposure to Carkhuff's writing, the first-second administration correlation was $-.14$. (For the HES, the first-second administration correlations were $.86$ and $.72$ for the graduate and "clinician" samples, respectively.)

The interrelationships of the empathy measures and their relationship to supervisory ratings were determined by completing Pearson r correlations of these variables for each of the various samples, broken down into male and female samples, and as a total sample. Across all Ss , the intercorrelation of the Carkhuff and Hogan empathy measures was $+.08$. There was considerable variability in the direction and size of this relationship ranging from a $-.32$ correlation between these two measures for the upperclass female "control" Ss to $+.41$ for the graduate practicum females.

It is quite obvious from the correlations between the two empathy measures and their relationships with the supervisor ratings as described below, that they are statistically independent measures.

As a further assessment of evidence of either discriminant or convergent validity, the CID and HES scores of all the undergraduate "helper" and "nonhelper" samples were correlated with their PES scores. The correlation between the CID and the PES was $.00$, between the HES and PES scale, $-.01$. Again there was considerable variability in the nature of these correlations for the subgroups, for the CID and PES, ranging from a $-.52$ for the male "clinicians" to a $+.32$ for the male freshman; for the HES and PES, from $-.86$ for the male "clinicians" to $+.55$ for the female clinicians. There were no systematic male-female differences in these intermeasure relationships. In sum, all three measures used in the present study appear to be statistically independent from each other.

Table 1 provides the correlations of the second administration of the two different empathy measures with end-of-the-semester supervisor ratings for each of the two "helper" samples. The table headings reflect that the items the supervisors rated were somewhat different for each of the two groups; the results are broken down by sex of respondents since the pattern appeared to be quite different. However, the n of each group is so small that the differences between male and female samples were not statistically significantly different, $p > .05$ level. The signs in this table have all be adjusted to reflect that the lower the CID, the better the performance, whereas on the HES and all the rating scales, higher scores represented better performance.

It can be noted in Table 1 that CID scores correlated positively with all supervisors' ratings for both male and female counseling practicum subjects. However, for both male and female "clinicians" the correlations with supervisor ratings were consistently negative. Obviously, practicum students' supervisors were valuing that which the CID assesses, whereas the clinician supervisors were not.

For the Hogan scale, the results are much less clear either across groups for any given supervisory scale, or within groups across all supervisory scales. Only for the male practicum ss do the signs and magnitude of the correlations suggest any meaningful relationship, and this in an unexpected negative direction (see further elaboration of these results below).

For the "clinicians," correlations were also computed between supervisors' ratings and the PES. For females, these were $-.13$, $+.43$ and $-.14$ for the respective scale headings in Table 1, for the males, $-.25$, $+.06$, and $-.16$. Like correlations between the Hogan scale and supervisory ratings, the signs and magnitude of these correlations do not suggest any meaningful relationship

either within groups or for any one supervisory scale.

Because of the small n of each group, few of the correlations just described in Table 1 attain statistical significance. Moreover, even the absolute magnitude of the correlations should be considered cautiously. The range of scores of both male and female graduate students for both empathy measures was quite small, the mean levels (see Table 2) were also quite high - - equivalent to Carkhuff's (1969) sample of experienced, though not systematically empathy trained counselors, and several scale points above the means for college student samples on the Hogan scale (Hogan, Note 3).

For the "clinicians," mean scores and standard deviations on the CID are equivalent to Carkhuff's volunteer helpers (Note 1). Their scores on the Hogan scale, like those of the graduate Ss , were several scale points higher than typical undergraduates.

Consequently the correlations computed were, in part, between variables with a restricted range and cannot be generalized to populations which would show a broader range of scores. (As one example of the deceptiveness of a correlation obtained, for the n of five male practicum students, Hogan scores were 42, 43, 43, 45 and 47 with practicum grades of A, A, A, B, & B respectively. These data yielded a correlation of $-.96$).

To assess the effects of the helping experience for the samples of graduate and undergraduate "helpers," correlated t -tests were run between the pre- and post-experience scores for each of the groups on the two empathy measures, and for the "clinicians" also on the PES. None of the t -tests indicated statistically significant changes, $p < .05$. Therefore, it can be concluded that the practicum and volunteer helping experiences, neither of which included systematic training in empathy, did not significantly effect Ss' empathy characteristics or skills as reflected in the HES and CID or the clinician's

attitudes toward positive mental health as reflected in the PES. Examination of the distribution of the raw scores of Ss in each of these groups revealed there was no particular directional trend of changes in scores on any of the variables measured.

Statistical comparisons of means of the various groups on the two empathy measures and the PES did yield several significant differences. Practicum student females and males each scored significantly higher on the CID than did any of the other samples. No other intergroup differences on the CID were statistically significant. For the HES, the only statistically significant intergroup comparison was the graduate females vs. the freshmen females. For the PES, none of the intergroup comparisons were statistically significant. However, for both the HES and the PES, a developmental trend was evident for both males and females, with the freshmen obtaining the lowest mean scores on each scale, the upperclass non-helper "controls" the next lowest then the upperclass helper "clinicians", then the graduate practicum Ss with the highest means.

Discussion

The results of the present study provide further evidence of the statistical independence of diverse measures of empathy. In view of previous criticisms by Rappaport and Chinsky (1972) and the results of studies with multiple measures of empathy such as Kurtz and Grummom (1972), it is quite clear that we have yet to establish any convergent validity of measures of empathy. When empathy is the construct under investigation, reports of research must be quite explicit as to what measures of empathy were employed and the implications of testing hypotheses with the inherent limitations of the measure employed.

At the more conceptual level, it seems increasingly clear that our understanding of the role of empathy in helping relationships will be handicapped as long as we think of empathy as a unidimensional construct. Hogan's (1975)

explicit recognition of this possible multidimensionality and his suggestion of the trait-state dimensions needs careful testing. It is regrettable that the data in the present study could provide not even an exploratory investigation of this proposition. To test this proposition sample Ss would have been needed in at least three "cells": low on both empathy scales, high on "trait" and low on "state," and vice versa. In the present study all graduate subjects fell in the cell not really needed to test the proposition: high on both measures. The "clinicians" generally fell in the group high on "trait" and low on "state". Exceptions provided n's of only one in each of the other cells, thereby precluding a meaningful exploratory examination.

At the same time, the data in the present study do suggest significant problems may occur in a test of the proposition. Ironically, to the extent that Hogan is correct in that his is a measure of the trait of empathy, one might hypothesize that those who select volunteer helping or professional helping roles would be those who do score high on the trait; consequently, obtaining a sample of subjects who are low on the Hogan scale and involved in helping relationships may be a most difficult task. Perhaps a more laboratory analogue approach would be appropriate, i.e. simply take a large number of subjects, without regard to their "helping" interests, identifying a pool of both low scoring and high scoring persons on the HES and then providing systematic training in Carkhuff type empathy skills to half of each group and, finally have all Ss conduct criterion "interviews". In this way one could create the necessary four cells for testing the proposition, that "clients" would experience being helped by either or both types of empathy but not by Ss lacking either type.

Regarding the CID, the very consistent negative relationship between clinician CID scores and supervisors' ratings of performance on conceptually relevant scales, e.g. ability to relate to the children, indicates supervisors are not valuing those skills that are assessed by the Carkhuff measure. The clinicians' average level of empathy is not very effective (see Carkhuff, 1969). Unlike the loosely structured volunteer companion program investigated by Carkhuff (Note 1), the program in which the present clinicians participated is one of long standing recognition as quite effective in dealing with mildly dysfunctional children. Also, unlike Carkhuff's companion program (Note 1) with its high dropout rates, most clinicians participate many years; participating children's parents often have to be requested to withdraw their children from repeated participation in order to make room for other children to enter the program. Needless to say, there is an experience of mutual acceptance of helpfulness, despite poor levels of measured empathy skills on the part of the clinicians and supervisors not valuing these particular skills. It remains an empirical question whether or not empathy training of the supervisors and/or the clinicians would result in any tangible evidence of improved performance of the program.

Situations such as this one present a curious paradox in that, since it is already identified that the supervisors do not value empathy skills, training of the clinicians in these skills would certainly not improve their supervisory ratings since the supervisors are not valuing these skills. On the other hand, if both supervisors and clinicians are trained in empathy skills and convinced of their importance, then of course those clinicians who have higher levels of these skills will be rated as most effective. Research such as this must be

undertaken with outcome criteria in addition to empathy ratings so that it can be clearly determined whether empathy training provides any incremental gain to the present program operation.

This study also identified the need for "test taking" training of "empathy naive" subjects prior to their use of the CID. (As is evident in a companion paper in this symposium, such training can be accomplished in relatively short periods of time and thereby provide reliable data.)

Turning to a consideration of the results obtained with the Psychological Effectiveness Scale, it should perhaps not be surprising that the helping experience did not significantly influence the students' perceptions of psychological effectiveness since their preclinic mean score indicated their attitudes about what constitutes a mentally healthy person were already at the level cited by Poe (1973) for mentally healthy individuals. Previous studies such as the Kish (1972) and Holzberg, Knapp & Turner (1967) were identifying significant improvements in negative attitudes towards mentally dysfunctional as compared to mentally healthy persons.

Perhaps the most heuristic data in the present study is the suggested developmental trend for both the Hogan empathy scale and the Psychological Effectiveness Scale. Appropriate cross-sectional assessment is needed by age as well as institutional level. It is quite possible that the self-selection of the clinicians and the practicum students of helping roles is more the critical factor than a developmental trend. Results of such an investigation become important in any event; if a time developmental trend exists, such data are of considerable importance in our understanding of empathy and attitudes about mental health. If on the other hand the developments are not age related but rather related to staying in college and/or selecting helping roles, the data then have significant educational and career implications.

Table 1
Correlations of Supervisory Ratings with Empathy Scales
(2nd Administration)

		<u>Empathy Scale</u>					
		Carkhuff			Hogan		
		<u>Index of Discrimination</u>			<u>Empathy Scale</u>		
		<u>Supervisor Scale Heading</u>			<u>Supervisor Scale Heading</u>		
	Sex	Overall Competence	Potential	Grade	Overall Competence	Potential	Grade
Graduate	F	+.54	+.25	+.42	+.18	-.18	+.23
Practicum Ss	M	+.56	+.91*	+.63	-.57	-.86*	-.96*
		Overall Competence	Helps Children	Relates to Children	Overall Competence	Helps Children	Relates to Children
Volunteer	F	-.13	-.49	+.28	.00	.50	.57
"Clinicians"	M	-.26	-.29	-.26	.11	-.34	.21

* $p < .05$

Table 2
Mean Scores and Standard Deviations on Empathy Scales and Psychological
Effectiveness Scale
(1st Administration)

Scale		Group							
		Graduate		Volunteer		Upperclass			
		Practicum Ss		"Clinicians"		Controls		Freshmen	
		F(n=8)	M(n=5)	F(n=6)	M(n=6)	F(n=6)	M(n=6)	F(n=37)	M(n=9)
Carkhuff's Index	$\bar{X}$	0.58	0.57	1.26	1.48	1.28	1.34	1.35	1.45
of Discrimination	S.D.	0.18	0.09	0.31	0.30	0.26	0.12	0.30	0.27
Hogan's Empathy	$\bar{X}$	46.5	44.0	43.0	43.0	39.3	41.1	38.5	39.2
Scale	S.D.	4.2	3.6	2.9	4.5	5.2	4.3	6.5	5.4
Poe's Psychological	$\bar{X}$	n.a.	n.a.	358.3	346.0	353.0	334.6	336.4	329.5
Effectiveness Scale	S.D.	n.a.	n.a.	31.8	32.3	31.7	54.4	42.8	74.8

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